

ISSUE SLIP-STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KM	70811	10/19
O.I.P.E. CLASSIFIER		10	10-21-99
FORMALITY REVIEW	ERG	70608	10-26-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	10/19
2	10/19
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Claim	Date
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Claim	Date
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